

Prevalence of psycho-social distresses associated with COVID-19

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ABSTRACT

Background: The novel coronavirus disease (COVID-19) which was identified in the month of December 2019 at Wuhan city of China and spread all over the world has now achieved pandemic status. It affects the physical and mental lives of millions of people and increases the mortality rate internationally. It also affects the mental well-being of the individuals and produces many psycho-social distresses and reduced adjustment mechanism and coping strategies to fight with coronavirus. **Objectives:** The prime objective of this present study was to find out the various psycho-social distresses associated with COVID-19 prevailing on different variables of socio-demographic details such as gender, their cultural background, age, education, marital status, and pre-existing medical conditions. **Sample:** A total of 120 samples were chosen through a purposive sampling technique that belonged to the urban and rural backgrounds of different parts of the country. Only those were selected who contacted the undersigned through telephonic communication related to their psycho-social distresses associated with COVID-19. There were no barriers to the age bar in the collection of data. **Research design:** This is a cross-sectional study. Those who were reported about psychosocial distress related to COVID-19 were included in the study. **Variable:** The independent variables are gender and different psycho-social variable like age, education, marital status, and pre-existing medical conditions. Their impact was examined on the dependent variable of expression and apprehension of psycho-social distress associated with COVID-19 symptoms such as fear, anxiety, depression, suicidal ideation, lack of sleep, lack of appetite, headache, irritation/ anger, lack of concentration and poor memory. **Research tools:** Data were collected through telephonic communication on the self-made questionnaire. Those who are anxious and apprehended about the symptoms of COVID-19 and used psychological support system through telephonic communication from 28th March 2020 to 20th Apr 2020 included in the study. **Result:** Fear and depression was most common psycho-social distresses (120, 100% on each) followed by anxiety (106, 88.34%), lack of sleep (54, 45%), headache (52, 43.34%), lack of appetite (38, 31.67%), irritation/ anger (36, 30%), lack of concentration/ poor memory (34, 28.34%). Suicidal ideation was found at least common psycho-social stresses related to COVID-19 which was found only in 33, 27.5% of cases. The contents of fear, anxiety, and depression were varied from the people of one socio-demographic domain to other. Those who don't have a pre-existing medical history of any diseases were felt more psycho-social distresses (42, 35%) than those having the pre-existing

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medical history of any diseases such as hypertension (24, 20%), diabetes (27, 22.5%), heart problems (12, 10%) or any other medical conditions or psychiatric problems (15, 12.5%). **Conclusion:** Fear and depression were the most common and suicidal ideation were the least common psycho-social distresses related to COVID-19. Those who don't have a pre-existing medical history of any diseases were felt more psycho-social distresses than those having the pre-existing medical history of any diseases such as hypertension diabetes, heart problems, or any other medical conditions or psychiatric problems.

Keywords: Covid-19, Psycho-Social Distress, Prevalence, Pandemic Status

The novel coronavirus disease (COVID-19) which was identified in the month of December 2019 at Wuhan city of China and spread all over the world has now achieved pandemic status. The World Health Organization (WHO) declared it as a public health emergency of international concern in January 2020. It affects the physical and mental lives of millions of people and demands multi-levels stress coping adjustment mechanisms globally. Crisis interventions for people affected by COVID-19 are very critical for their well-being. Coronavirus is one of the major causes of upper and lower respiratory tract infections in humans. It is transmitted from person to person through droplet transmission that is, through cough, sneezes, or talks of the infected person. It is also transmitted by touching an infected surface followed by touching of eyes, nose, or mouth of oneself.

Generally, it affects elders and having a history of medical problems like high blood pressure, diabetes, heart problems, lung diseases, cancer, etc. Due to their poor immune system and pre-existing medical conditions, they are more likely to develop this serious infection. People suffering from COVID-19 may develop a high fever, fatigue, body ache, dry cough, difficult breathing, sore throat, headache, and gastrointestinal symptoms. To date, no medication is available to cure or control this novel COVID-19. We can only prevent it to spread. We can protect ourselves by adopting and implementing the following **preventive measures**:

- 1) By regular cleaning of hands with an alcohol-based hand rub or wash them with soap and water for at least 20 seconds or more. It will kill viruses that may be present on our hands.
- 2) By maintaining a distance of one meter or three feet between ourselves and anyone who is affected with coronavirus. It is essential because it may be possible that when someone coughs or sneezes, they spray small liquid droplets from their nose or mouth which may contain the virus. We can breathe these small droplets if we are too close to the infected person.
- 3) By avoiding the touching of our eyes, nose, and mouth. Because hands may pick-up viruses from the infected surface and if once hands get contaminated, it easily transfers the virus to our body through our eyes, nose, and mouth.
- 4) By maintaining good respiratory hygiene. That means by covering our mouth and nose during sneezing and talking with our bent elbow, mask, tissue, or towel. Disposal of tissue and mask at proper place and cleaning of the towel and drying it in the sunlight for 6 to 8 hours is also essential to protect the self and to reduce its further transmission to others.
- 5) Stay home, stay safe. Coronavirus spreads through a chain. It is essential to break the chain to prevent ourselves. Hence it is recommended that we have to avoid traveling to places and it is also recommended to lock down the country.

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The pandemic status of COVID – 19, maintaining social distancing and total lockdown of the country produces many psychological symptoms in the normal human being who is neither affected with coronavirus nor having a pre-medical history of any diseases. It has produced emotional difficulties like fear of loss of a job, fear of who will look after the family if they were getting infected with coronavirus, Anxiety related to the job, career, education, business, depression, panic attack, feeling of distress/helplessness/hopelessness, suicidal ideation, grief, guilt and so on. It leads to low sleep quality, lack of appetite, and somatic symptoms in individuals. Such psycho-social distresses may reduce the individual's self-concept and self-esteem. It requires timely management to up bring the mental health and emotional well being of the normal healthy individuals.

Children and adolescents are more sufferers and may experience these varieties of psychological issues. Because all academic institutions/ schools/ colleges are closed since the third week of March 2020, their regular schedules have been disturbed. They don't have a clear idea about when their regular schedules will be restored. They are confined to their home or in the home of their relatives. No doubt, the Indian Government has taken initiatives and online classes started in most the parts of India, it has own limitations. Most of the children can't benefit from it as well as online classes run for shorter duration as compared to regular classes.

Elder people are more vulnerable to stress and other psychological issues with varied content associated with COVID-19. They are more aware of the characteristics and symptomatology of COVID-19 and increased mortality rates. It contributes to a significant amount of stress, anxiety, depression, and other related mental health problems. They are likely to experience more stress due to social isolation, less equipped with technology and social media which are useful to maintain social contact. They are worried due to their pre-existing medical conditions and difficulty in ensuring regular and timely medication and routine medical check-ups. It worsening their conditions that might lead to sleeplessness, boredom, nightmares, fear of contracting COVID-19, fear of spreading infections to other family members, fear of death in unusual circumstances without access to other relatives, etc. are some of the most common psychological issues found in elder people.

As COVID – 19 is a public health emergency, it produces a lot of uncertainty and sudden change in the day to day functioning. Stress is a normal response to any emergency situation. Stress can be manifested in the varieties of ways such as:

Physical symptoms: Chest tightness, breathing difficulties, palpitations, digestive symptoms, muscle tension, headache, body ache, difficulty in sleep, change in sleep pattern, tiredness, and so on.

Psychological symptoms: Restlessness, inability to relax, anxiety, panic attack, sadness, irritability, anger, boredom, loneliness, and so on.

Cognitive symptoms: Difficulty to concentrate, forgetfulness, negative thinking, worries and fear, hopelessness.

Behavioral symptoms: Increased use of alcohol/ tobacco/ drugs, isolating oneself, withdrawing the self, spending time of social media, internet gaming, etc.

Due to these psycho-social distresses and the total lockdown of the country, many people have been taken telephonic consultation and advice to reduce these symptoms and to improve their mental health and well-being.

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Hence the present study was conducted with the prime objective to find out the various psycho-social distresses associated with COVID-19 and prevailing among the male and female populations belongs to the urban and rural backgrounds of the country. The other aim of this study was to find out whether the psycho-social distresses are present without any pre-existing medical conditions.

METHODOLOGY

Sample size: A total of 120 samples were chosen through a purposive sampling technique that belonged to the urban and rural backgrounds of different parts of the country. Only those were selected who contacted the undersigned through telephonic communication related to their psycho-social distresses associated with COVID-19. There were no barriers to the age bar in the collection of data.

Research design:

This is a cross-sectional study. Those who were reported about their psycho-social distress were included in the study. Their number and percentage were calculated and the conclusion drawn.

The details of sample characteristics with obtained data on different psycho-social stresses are shown below in table – 1.

RESULT

Table – 1, Psycho-social distresses related to COVID – 19 commonly found in most of the sample:

Sl. No	Psycho-social distresses	Score (N=120)	Percentage (%)
1	Fear	120	100 %
2	Depression	120	100%
3	Anxiety	106	88.34%
4	Lack of sleep	54	45%
5	Headache	52	43.34%
6	Lack of appetite	38	31.67%
7	Irritation/ Anger	36	30%
8	Lack of concentration/ poor memory	34	28.34%
9	Suicidal ideation	33	27.5 %

Table – 2, Psycho-social distresses associated with COVID-19 and prevailing on different variables of socio-demographic characteristics of the sample (N=120).

Variables of socio-demographic characteristics of the sample			Psycho-social distresses prevailing and associated with COVID-19.									
Gender	Male N = 60	N (%)	Fear	Anxiety	Depression	Suicidal ideation	Lack of sleep	Lack of appetite	Headache	Irritation/ Anger/ aggressiveness	Lack of concentration /poor memory	
		Urban	40 (66.67)	9 (22.5)	7 (17.5)	8 (20)	1 (2.5)	4 (10)	4 (10)	3 (7.5)	2 (5)	2 (5)

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Variables of socio-demographic characteristics of the sample			Psycho-social distresses prevailing and associated with COVID-19.									
Age	Female N = 60.	Rural	20 (33.33)	4 (20)	3 (15)	3 (15)	3 (15)	1 (5)	1 (5)	2 (10)	2 (10)	1 (5)
		Urban	45 (75)	6 (13.33)	8 (17.77)	7 (15.55)	3 (6.67)	4 (8.88)	4 (8.88)	5 (11.11)	6 (13.33)	2 (4.44)
		Rural	15 (25)	2 (13.33)	2 (13.33)	4 (26.67)	2 (13.33)	1 (6.67)	1 (6.67)	2 (13.33)	1 (6.67)	0
		Urban	10 (58.82)	4 (40)	3 (30)	3 (30)	0	0	0	0	0	0
	Less than 20 years N = 17 (14.17)	Rural	7 (41.17)	2 (28.57)	2 (28.57)	2 (28.57)	0	1 (14.28)	0	0	0	0
		Urban	21 (65.62)	5 (23.8)	4 (19.04)	4 (19.04)	3 (14.28)	2 (9.52)	0	1 (4.76)	0	0
		Rural	11 (34.37)	2 (18.18)	3 (27.27)	3 (27.27)	0	2 (18.18)	0	1 (9.09)	0	0
		Urban	36 (73.46)	5 (13.88)	7 (19.44)	5 (13.89)	4 (11.11)	3 (8.33)	2 (5.55)	3 (8.33)	3 (8.33)	4 (11.11)
	20-40 years N = 32 (26.67)	Rural	13 (26.53)	2 (15.38)	2 (15.38)	3 (23.07)	0	2 (15.38)	0	1 (7.69)	2 (15.38)	1 (7.69)
		Urban	17 (77.27)	2 (11.76)	1 (5.88)	3 (17.64)	1 (5.88)	1 (5.88)	2 (11.76)	2 (11.76)	3 (17.64)	2 (11.76)
		Rural	5 (22.72)	3 (60)	1 (20)	1 (20)	0	0	0	0	0	0
		Urban	3 (17.64)	1 (5.88)	1 (5.88)	1 (5.88)	0	0	0	0	0	0
41 – 60 years N=49 (40.83)	Rural	17 (77.27)	2 (11.76)	1 (5.88)	3 (17.64)	1 (5.88)	1 (5.88)	2 (11.76)	2 (11.76)	3 (17.64)	2 (11.76)	
	Urban	5 (22.72)	3 (60)	1 (20)	1 (20)	0	0	0	0	0	0	
	Rural	13 (26.53)	2 (15.38)	2 (15.38)	3 (23.07)	0	2 (15.38)	0	1 (7.69)	2 (15.38)	1 (7.69)	
	Urban	36 (73.46)	5 (13.88)	7 (19.44)	5 (13.89)	4 (11.11)	3 (8.33)	2 (5.55)	3 (8.33)	3 (8.33)	4 (11.11)	
61+ N = 22 (18.34)	Rural	13 (26.53)	2 (15.38)	2 (15.38)	3 (23.07)	0	2 (15.38)	0	1 (7.69)	2 (15.38)	1 (7.69)	
	Urban	17 (77.27)	2 (11.76)	1 (5.88)	3 (17.64)	1 (5.88)	1 (5.88)	2 (11.76)	2 (11.76)	3 (17.64)	2 (11.76)	
	Rural	5 (22.72)	3 (60)	1 (20)	1 (20)	0	0	0	0	0	0	
	Urban	3 (17.64)	1 (5.88)	1 (5.88)	1 (5.88)	0	0	0	0	0	0	

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Variables of socio-demographic characteristics of the sample			Psycho-social distresses prevailing and associated with COVID-19.									
Education	High school and below N=18 (15)	Urban	12 (66.67)	2(16.66)	2(16.66)	2(16.66)	1(8.33)	1(8.33)	0	1(8.33)	1(8.33)	2(16.66)
		Rural	6(33.33)	2(33.33)	2(33.33)	2(33.33)	0	0	0	0	0	0
	Graduation and below N=38 (31.67)	Urban	27 (71.05)	6(22.22)	4(14.81)	2(7.40)	2(7.40)	3(11.11)	3(11.11)	2(7.40)	3(11.11)	2(7.40)
		Rural	11 (28.94)	3(27.27)	2(18.18)	3(27.27)	0	2(18.18)	0	1(9.09)	0	0
	Post-graduation and above N=64 (53.34)	Urban	42 (65.62)	4(9.52)	8(19.04)	7(16.66)	3(7.14)	4(9.52)	5(11.90)	3(7.14)	4(9.52)	4(9.52)
		Rural	22 (34.37)	4(18.18)	3(13.63)	4(18.18)	2(9.09)	2(9.09)	2(9.09)	2(9.09)	1(4.54)	2(9.09)
Marital Status	Single N=22 (18.34)	Urban	17 (77.27)	3(17.64)	2(11.76)	5(29.41)	0	1(5.88)	0	2(11.76)	2(11.76)	2(11.76)
		Rural	5 (22.72)	2(40)	1(20)	2(40)	0	0	0	0	0	0
	Married N=87 (72.5)	Urban	72 (82.75)	11(15.2)	10(13.88)	12(16.67)	5(6.94)	8(11.11)	8(11.11)	9(12.5)	4(5.55)	5(6.94)
		Rural	15 (17.24)	3(20)	4(26.67)	4(26.67)	0	2(13.33)	0	1(6.67)	0	1(6.67)
	Separated/ divorced/ widowed N = 11 (9.17)	Urban	9 (81.81)	2(22.22)	3(33.33)	4(44.44)	0	0	0	0	0	0
		Rural	0	0	0	0	0	0	0	0	0	0

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Variables of socio-demographic characteristics of the sample			Psycho-social distresses prevailing and associated with COVID-19.											
Pre-existing medical history		Rural	2 (18.18)	2(100)	0	0	0	0	0	0	0	0	0	0
		Urban	35 (83.34)	7(20)	5(14.28)	6(17.14)	2(5.71)	3(8.57)	3(8.57)	5(14.28)	2(5.71)	2(5.71)		
		Rural	7 (16.66)	3(42.85)	2(28.57)	2(28.57)	0	0	0	0	0	0	0	
		Urban	18 (75)	4(22.22)	3(16.67)	5(27.77)	0	3(16.67)	1(5.55)	2(11.11)	0	0		
	Hypertension N=24 (20)	Rural	6 (25)	2(33.33)	1(16.67)	1(16.67)	0	2(33.33)	0	0	0	0	0	
		Urban	22 (81.48)	5(22.72)	4(18.18)	3(13.63)	1(4.54)	2(9.09)	2(9.09)	3(13.63)	0	2(9.09)		
	Diabetics N=27 (22.5)	Rural	5 (18.52)	2(40)	1(20)	2(40)	0	0	0	0	0	0	0	
		Urban	8 (66.67)	3(37.5)	2(25)	3(37.5)	0	0	0	0	0	0	0	
	Heart problem N = 12 (10)	Rural	4 (33.33)	2(50)	1(25)	1(25)	0	0	0	0	0	0	0	
		Urban	11 (73.33)	3(27.27)	2(18.18)	3(27.27)	0	2(18.18)	0	1(9.09)	0	0	0	
	Other/ Psychiatric conditions N = 15 (12.5)	Rural	4 (26.67)	2(50)	1(25)	1(25)	0	0	0	0	0	0	0	
		Urban	11 (73.33)	3(27.27)	2(18.18)	3(27.27)	0	2(18.18)	0	1(9.09)	0	0	0	

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Variables of socio-demographic characteristics of the sample	Psycho-social distresses prevailing and associated with COVID-19.								
Total:	120 (100)	106 (88.34)	120 (100)	33 (27.5)	54 (45)	38 (31.67)	52 (43.34%)	36 (30)	34 (28.34)

DISCUSSION

The obtained result can be discussed and interpreted on the following socio-demographic variable:

Gender variable and psycho-social distress:

In this study, there were equal numbers of males and females (60, 50 % on each). Urban males were 40 (66.67%) and rural males were 20 (33.33%). Among the urban male population, fear was found most common psycho-social stresses (9, 22.5%) followed by depression (8, 20%) and anxiety (7, 17.5%). Whereas among the rural population fear was found in most of the cases (4, 20 %) followed by anxiety, depression, and suicidal ideation (3, 15% on each).

Urban and rural females were 45 and 15 (75% and 25%) respectively. Among the urban female, anxiety was the most common psycho-social stresses (8, 17.77%) followed by depression (7, 15.55%) and fear and irritation/ anger (6, 13.33% on each). Among the rural female, depression was found in most of the cases (4, 26.67%) followed by fear, anxiety, suicidal ideation, and headache (2, 13.33% on each).

Age variable and psycho-social distress:

Among the age criteria, those who are less than 20 years of age and approaches to the examiner related to their psycho-social distress associated with COVID – 19 were 17 (14.17 %). Among them, 10 (58.82%) were from an urban background and 7 (41.17%) were from rural backgrounds. In the urban population, fear is the most common psycho-social distresses (4, 40 %) followed by anxiety and depression (3, 30 % in both) respectively. In the rural population fear, anxiety and depression are equally prevalent (2, 28.57% on each).

There were 32 participants (26.67%) who come in the age range of 20 to 40 years. Among them, urban were 21, (65.62%) and rural were 11 (34.37%). It has been found that fear was most commonly associated in urban population (5, 23.80%), followed by anxiety and depression (4, 19.04% on each) whereas anxiety and depression were found in the rural population (3, 27.27 % on each) followed by fear and lack of sleep (2, 18.18 % on each).

There were 49 participants (40.83%) who come in the age range of 41 to 60 years of age. Among them, 36 (73.46%) belongs to the urban background and 13 (26.53%) from rural background. In the urban group, anxiety was the most commonly associated psycho-social distresses (7, 19.44%) followed by fear and depression (5, 13.88% on each). In the rural background, depression was found in most of the cases (3, 23.07%) followed by fear, anxiety, lack of sleep, and irritability/ anger (2, 15.38% on each).

There were 22 participants (18.34%) who come in the age range of 61 years and above. Among them, 17 (77.27%) were from an urban background and 5 (22.72%) were from rural backgrounds. In the urban group, depression and irritability/ anger were most commonly found (3, 17.64%) followed by fear, lack of appetite, headache, and lack of concentration/

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poor memory (2, 11.76% on each). In the rural group, fear was found in most of the cases (3, 60 %) followed by anxiety and depression (1, 20% on each).

Education and psycho-social distress:

There were 18 cases (15%) who were educated up to high school and below. Among them, 12 (66.67%) were from an urban background and 6 (33.33%) were from rural backgrounds. Among the urban cases fear, anxiety, depression, lack of concentration/ poor memory were most commonly found (2, 16.66% on each) whereas on the rural cases fear, anxiety and depression were most commonly found (2, 33.33%).

Under the group of cases who were educated up to graduation and below, there were 38 cases (31.67%), among them, 27 (71.05%) belong to the urban background and 11 (28.94%) belong to the rural background. Among the urban students who were educated up to graduation and below, fear was most commonly associated (6, 22.22%) followed by anxiety (4, 14.81%) and lack of sleep, lack of appetite, and irritation/ anger (3, 11.11% on each). Fear and depression were also the most common psycho-social stresses (3, 27.27% respectively) followed by anxiety (2, 18.18%) among the rural students who were educated up to graduation and below. Among the students who were educated up to post-graduation and above, there were 64 cases (53.34%) among them 42 (65.67%) belongs to the urban background and 22 (34.37%) belong to the rural background. Among the urban students who were educated up to post-graduation and above, anxiety was most commonly associated (8, 19.04%) followed by depression (7, 16.66%), lack of appetite (5, 11.90%) and fear, decreased sleep, irritation/ anger and poor concentration/ poor memory (4, 9.52% on each).

Among the rural students who were educated up to post-graduation and above, fear and depression were most commonly found (4, 18.18 % on each) followed by anxiety (3, 13.63%).

Marital status and psycho-social distress:

Under this domain, there were 22 cases (18.34%) who were unmarried, and a single among them 17 (77.27%) belongs to the urban background and 5 (22.72%) were from rural backgrounds. Depression was most commonly found among those who belonged to the urban background (5, 29.41%) followed by fear (3, 17.64%) and anxiety, headache, irritation/anger and lack of concentration/ poor memory (2, 11.76% on each) whereas among those who belong to rural background, fear and depression (2, 40% on each) was most commonly found. There were 87 cases (72.5%) who were married among them 72 (82.75%) were from an urban background and 15 (17.25%) were from rural backgrounds. In the urban population, depression was most commonly found (12, 16.67%) followed by fear (11, 15.27%) and anxiety (10, 13.88%). In the rural population, most of the cases having anxiety and depression (4, 26.67% on each) followed by fear (3, 20%).

There were very few cases who were separated/divorced/ widowed (11, 9.17%). Among them, 9 (81.81%) were from an urban background and 2 (18.18%) were from rural backgrounds. It has been found that depression was most commonly associated among the urban population (4, 44.44%) followed by anxiety (3, 33.33%) and fear (2, 22.22%). In the rural population, fear was found the most common psycho-social stresses (2, 100%).

Pre-existing medical history and psycho-social distresses:

There were 42 cases (35 %) who felt psycho-social distresses associated with COVID-19, even though they don't have any pre-existing medical history of any diseases. Among them,

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35 (83.34%) were from an urban background and 7 (16.66%) were from rural backgrounds. Among the urban population, fear was the most common psycho-social distresses (7, 20%) followed by depression (6, 17.14%) and anxiety and headache (5, 14.28% on each). In the rural population, fear was most commonly found (3, 42.85%) followed by anxiety and depression (2, 28.57%).

There were 24 cases (20%) who have a pre-existing medical history of hypertension and they felt psycho-social distresses during this lockdown. Among them, 18 (75%) were from an urban background and 6 (25%) were from rural backgrounds. In the urban group, depression was most common psycho-social distresses (5, 27.77%) followed by fear (4, 22.22%), anxiety, and decreased sleep (3, 16.67% on each). In the rural group fear and decreased sleep was most commonly found (2, 33.33% on each).

There were 27 cases (22.5%) who have a pre-existing medical history of diabetes and they felt psycho-social distresses during this lockdown. Among them, 22 (81.45%) were from an urban background and 5 (18.52%) were from rural backgrounds. In the urban background, fear was the most common psycho-social distress (5, 22.72%) followed by anxiety and depression (4, 18.18%, and 3 13.63% respectively). In the rural population, fear and depression were most commonly found (2, 40% on each).

There were 12 cases (10%) who have a pre-existing medical history of heart problems and they felt psycho-social distresses during this lockdown. Among them, 8 (66.67%) were from an urban background and 4 (33.33%) were from rural backgrounds. In the urban population, fear and depression were most commonly found (3, 37.5% on each) followed by anxiety (2, 25%). In the rural population, fear was most commonly found (2, 50 %) followed by anxiety and depression (1, 25% on each).

There were 15 cases (12.5 %) who have a pre-existing medical history of other diseases or a history of psychiatric problems and they felt psycho-social distresses during this lockdown. Among them 11 (73.33%) were urban and 4 (26.67%) were from rural backgrounds. In the urban population, fear and depression were most commonly associated (3, 27.27% on each) followed by anxiety and decreased sleep (2, 18.18% on each). In the rural population, fear was most commonly found (2, 50 %) followed by anxiety and depression (1, 25% on each).

THE CONTENTS OF PSYCHO-SOCIAL DISTRESS FOUND IN THE SAMPLE BELONG TO THE DIFFERENT SOCIO-DEMOGRAPHIC VARIABLE:

The content of psycho-social distresses was varied from one group of socio-demographic status to another group. It was summarized as under:

- 1) Male were more fearful about the loss of their job (22.5%), apprehension about what will happen if they will get infected with COVID – 19 virus (20%), uncertainty about the future (45%).
- 2) Female were more anxious about the health of loved one (17.77%), how they will get medical help in the case of emergency if they will suffer from any medical conditions other than Coronavirus (26.67%).
- 3) Those who belong to less than 20 years of age were more concerned about poor marks in the examination (40%), disturbed daily activity, and school curriculum (30%).
- 4) Those who belong to 20 to 60 years of age were worried about lack of financial security in terms of regular income (23.80%), how they will fulfill their basic amenities of day to day living (27.27%), worried about the health of family members (19.44%), feeling of helplessness when encountering any difficulty (18.18%), a

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- concern of losing dignity, self-esteem and to depend on someone else for their daily needs (15.38%).
- 5) Elder people who were more than 61 years of age worried about pre-existing medical conditions (23.07%), sleeplessness (11.76%), fear of contracting COVID-19 and fear of spreading infections to other family members (17.64%), fear about death in unnatural circumstances without access to other relatives (15.38%).
 - 6) Students who were educated up to high school and below, they were more fearful about bad marks in the examinations (16.67%), uncertainties about day to day activities (16.67%).
 - 7) Students who were educated up to Graduation and below were fearful about their career (22.22%), poor job avenues (27.27%).
 - 8) Students who were educated up to post-graduation and above were worried about their loss of job (19.04%).
 - 9) Unmarried people were depressed about their pessimistic future and self (40%), lack of social support system from family and friends (29.41%), fear about being away from near and dear (17.74%).
 - 10) Married were anxious about the loss of job and future of the family (26.67%), what will happen if they will get infected with coronavirus? Who was taking care of the family? (40%).
 - 11) Those who don't have any pre-existing medical conditions were worried about financial insecurity (20%), uncertainty about the future (17.14%), poor performance in the examination (14.28%), temporary job loss (14.28%), fear of contracting coronavirus to self and others (8.57%), worried about poor medical facilities and treatment procedure of coronavirus (5.71%).
 - 12) Those who have pre-existing medical conditions of hypertension, diabetes, heart problems or any other medical conditions or psychiatric problems were worried about their existing illness (27.77%), availability of medications on time and routine medical check-up (16.67%), fear of spreading infections to other family members (22.22%), fears about death in unnatural circumstances without access to other relatives (16.67%).

CONCLUSION

There were different psycho-social distresses found which was associated with COVID-19 in the people belongs to different socio-demographic variables. Fear and depression was most common psycho-social distresses (120, 100% on each) followed by anxiety (106, 88.34%), lack of sleep (54, 45%), headache (52, 43.34%), lack of appetite (38, 31.67%), irritation/anger (36, 30%), lack of concentration/ poor memory (34, 28.34%). Suicidal ideation was found at least common psycho-social stresses related to COVID – 19 which was found only in 33, 27.5% of cases. The contents of fear, anxiety, and depression were varied from the people of one socio-demographic domain to other. Those who don't have a pre-existing medical history of any diseases were felt more psycho-social distresses (42, 35%) than those having the pre-existing medical history of any diseases such as hypertension (24, 20%), diabetes (27, 22.5%), heart problems (12, 10%) or any other medical conditions or psychiatric problems (15, 12.5%).

LIMITATION

As this is a cross-sectional study, no matched control group was taken and the sound statistical method was used to analyze the data. The sample size was also not the optimum in number. There was no face to face interaction between the examiner and the examinees, hence no sound data collection tools or psychological checklist were applied to collect the data.

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Whatever symptoms they were reported over the telephone, that was recorded and analyzed. It may possible that there was a deficiency of adequacy and accuracy of the information provided – that will meet the diagnostic criteria of psycho-social distress encountered by the individuals.

REFERENCE

- COVID-19 facts: <https://www.mygov.in/covid-19>; www.covid19india.org.
- Department of Clinical Psychology. (2020). Resource Material: *Online Training of Psychologists for providing brief and basic telephonic psychological support in the context of COVID19*. Bengaluru: National Institute of Mental Health and Neuro Sciences.
- Dong L, Bouey J (2020). Public Mental Health Crisis during COVID-19 Pandemic, China. *Emerging Infectious Diseases*, 26(7).
- Manjula, M. (2020). Addressing anxiety and distress and referral escalation for high Psychological Distress in the context of COVID-19. In Resource Material: *Online Training of Psychologists for providing brief and basic telephonic psychological support in the context of COVID19* . Bengaluru: National Institute of Mental Health and Neuro Sciences.
- Taking care of Mental health of Children during COVID-19. Advisory by NIMHANS and Ministry of Health and Family welfare, 1st April 2020.
- World Health Organization, (2020). Mental health and psychosocial considerations during the COVID-19 outbreak, 18 March 2020 (No. WHO/2019- nCoV/MentalHealth/2020.1). World Health Organization.

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Conflict of Interest

The author declared no conflict of interest.

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